



## Insurance Benefits

Please note, in order to have the Benefit Feeds Deduction capability, you must have purchased our HR Advanced application.

Please fill-out the following 2 page form for the insurance plan(s) you wish to have set-up in WebPay. Complete this form to the best of your ability and a member of our Project Services team will contact you to further address your needs. If you have questions on this form, please contact our Client Services department at (847) 956-4850.

Once completed, submit the forms to: [Service@Paylocity.com](mailto:Service@Paylocity.com) or fax to (847) 956-1926, Attn: Client Services. Please provide the following information regarding your insurance benefits.

\* Please note this feature is only available for benefits that have a standard set of flat rates for all employees and **DO NOT** require a special calculation based on age, income etc.

Company Code: \_\_\_\_\_ Contact Name/Phone#: \_\_\_\_\_

- **When is the Effective Start Date for these plans?**

Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

- **Which benefit types would you like recorded in Web Pay?** (circle all that apply)

Medical

Dental

Vision

Life

Other \_\_\_\_\_

- **At which point are your employees eligible for benefits?** (Ex. After 30 days of service, starting the beginning of the following month, etc)

Please specify for each type.

Medical:

Dental:

Vision:

Life:

Other:

**Do you currently have deductions set up in Web Pay for these benefits?** YES NO

If so please list and identify the benefit with which they are associated.

Plan: (ex. Medical) Deduction Code: (ex. MDCL)

**If yes, are there active employees already using these codes to deduct from their paycheck?** YES NO

Web Pay requires a unique deduction code per set of rates; **do you have a preference of deduction codes if Paylocity needs to add new ones?** YES NO

*Please use the table below to identify your benefit plans and rates.*

*Example:*

TYPE	PLAN NAME	RATE TYPE	EE DEDUCTION PER PAYROLL	ER PORTION PER PAYROLL (OPTIONAL)
Medical	Blue Cross HMO	Employee Only	\$30.00	\$100.00
		Employee + Spouse	\$60.00	\$200.00
		Employee + Child	\$65.00	\$205.00
TYPE	PLAN NAME	RATE TYPE	EE DEDUCTION PER PAYROLL	ER PORTION PER PAYROLL (OPTIONAL)

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Please fax this completed form to 847-956-1926 or email to [service@paylocity.com](mailto:service@paylocity.com)